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CONFIRMATION NO. 9750

<b>SERIAL NUMBER</b> 10/724,223	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 67824.407222
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/799,629 03/07/2001 PAT 7,244,835  
 which claims benefit of 60/187,546 03/07/2000  
 and claims benefit of 60/195,536 04/07/2000  
 and claims benefit of 60/209,840 06/06/2000  
 and claims benefit of 60/214,213 06/23/2000  
 and claims benefit of 60/226,448 08/17/2000  
 and claims benefit of 60/259,227 01/03/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 03/18/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

21967

**TITLE**

FUNCTIONAL ASSAYS THAT USE THE T1R1 RECEPTOR TO SCREEN FOR T1R1-ASSOCIATED TASTE  
 MODULATORS

<b>FILING FEE RECEIVED</b> 973	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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